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Bib Data Sheet

CONFIRMATION NO. 9838

<b>SERIAL NUMBER</b> 10/713,668	<b>FILING OR 371(c) DATE</b> 11/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Rudolf X. Meyer, Pacific Palisades, CA;					
<b>** CONTINUING DATA *****</b> <i>None incl</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None incl</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 02/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>incl incl</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Rudolf X. Meyer 16966 Livorno Drive Pacific Palisades, CA90272					
<b>TITLE</b> Expansile rod-type prosthesis and external magnetic apparatus					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		